

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19884**

FILED JUN 30 1952

BIRTH NO. _____		REG. DIST. NO. <b>77</b>		PRIMARY REG. DIST. NO. <b>3016</b>		Registrar's No. <b>156</b>	
1. PLACE OF DEATH (Where deceased lived. If institution: residence before admission.) a. COUNTY <b>Cole</b> b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b> c. CITY (If outside corporate limits, write RURAL and give township) <b>Russellville - Mo. Morgan</b> d. STREET ADDRESS <b>R.R. # 3</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b> b. (Middle) <b>Simon</b> c. (Last) <b>Claywell</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 27-52</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan 1, 1869</b> 9. AGE (in years last birthday) <b>83 yrs</b> 10. UNDER 1 YEAR 11. UNDER 1 MRS. 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ret. Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>White Hall Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jesse James Claywell</b>		13b. MOTHER'S MAIDEN NAME <b>Mrs. Sarah Claywell</b>		14. NAME OF HUSBAND OR WIFE <b>Miss Sarah Claywell</b>		15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>J. Simon Claywell</b>		18. ADDRESS <b>St. Louis</b>		19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis</b> b. ANTECEDENT CAUSES <b>Chronic pyonephrosis</b> c. DUE TO (b) <b>Chronic pyonephrosis</b> d. DUE TO (c) _____ e. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION: <b>6000</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <b>6/24</b> , 19 <b>52</b> , to <b>6/27</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>6/27</b> , 19 <b>52</b> , and that death occurred at <b>8:38</b> p.m., from the causes and on the date stated above.	
23a. SIGNATURE <b>R.A. Michael</b> (Degree or title) _____		23b. ADDRESS <b>Jefferson City, Mo.</b>		23c. DATE SIGNED <b>6/27/52</b>		24a. BURIAL CREMATION REMOVAL (Specify) <b>Buried</b> 24b. DATE <b>6-30-52</b> 24c. NAME OF CEMETERY OR CREMATORY <b>Campbell Cem Russellville Mo</b> 24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <b>June 28-52</b>		REGISTRAR'S SIGNATURE <b>R.P. Davis</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Griffiths</b>		ADDRESS <b>Russellville</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 23071

P. O. Address Russellville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.